



By James E. Leemann, Ph.D.

You'll never have all the answers

The fine art of lending a helping hand

Too often safety and health professionals work under the illusion that the advice they provide to someone is “helpful.” If only giving “help” were so easy.

Have you ever found yourself on the receiving end of ridicule or criticism after delivering what you honestly believed was “helpful” safety advice? I would venture everyone reading this column has experienced this feeling of rejection. We all have felt discomfort when someone has asked for help and then they promptly ignore it, or when we are seeking help from someone else and their “help” is not relevant to our issue.

The act of helping is an extraordinarily complex human interaction. It calls for a great deal of thought before, during, and after help is offered, accepted, or declined. Edgar H. Schein's *helping social construct*¹ states all relationships, personal and professional, are based on two fundamental cultural principles: 1) all communication between two parties is a reciprocal process that needs to be fair and equitable; and 2) all relationships are based on scripted roles we learn early in life. Ignoring these principles ultimately leads to dissolution of the relationship. To establish a helping relationship, you must realize the relationship must be built rather than assuming it merely exists.²

In this article, I will refer to the safety and health professional as “Helper” and those who are helped as “Client.”

Schein provides *Traps* helpers may encounter, which need to be accounted for in choosing an initial response to a client.³

Client traps

Initial mistrust — The client wonders if the helper is willing and able to

help. In so doing, the client presents a hypothetical safety predicament to gauge the helper's responsiveness and interests.

Relief — The client has a sense of relief after telling the helper the problem, which can lead to a client's dependency on the helper.



Looking for attention, reassurance and/or validation instead of help — The client asks for help, but really is looking for something else.

Resentment and defensiveness — The client sees the helper as inept because the helper provides inappropriate safety advice.

Stereotyping, unrealistic expectations, and **transference of perceptions** — It is normal for clients to base their initial interaction with a helper on past experiences with helpers.

Helper traps

Dispensing wisdom prematurely — The helper assumes the client's initial description of the safety problem is the real problem and falls into the trap of rushing to give advice.

Meeting defensiveness with more pressure — The helper assumes the client has revealed the real problem and that the client has the skills and abilities to implement the helper's solution. Failing to implement results in the helper pressuring the client.

Accepting the problem and over-reacting to the dependence — The client must solve the safety problem, or at least take charge at some point, and becomes too dependent on the helper to implement the solution.

Giving support and reassurance — The helper becomes too supportive of the client's circumstances before adequately understanding the real safety issue. The result: the client does own the problem. Or the client has already defined the problem and implemented a solution and is just looking for confirmation. But did the client define the right problem?

Resisting taking on the helper role — Assuming an attitude of aloofness with the client to maintain superiority may signal an unwillingness to help. Always recognize your client's analysis of the situation must be considered worthwhile. Be open to being influenced to alter your opinion of the situation.

Stereotyping, a priori expectations, “counter-transference,” and projections — As with the client, the helper may be tempted to treat the present client as a similar client in the past. Avoid categorizing new clients



based on experiences with past clients.

Role playing

Schein presents three roles a helper can assume with a client: the Expert, the Doctor, and the Process Consultant.⁴

The expert — you are asked to specify a certain piece of safety equipment for a given situation. Being mindful of the above traps, first determine if your advice is germane to the situation at hand. Schein notes that the expert role is rarely appropriate as the first role in a helping situation.⁵

The doctor — you are expected to deliver expert information or services and a diagnosis and prescription of the safety issue. Caution: your client might expect you to also administer the cure. The client then abdicates responsibility for the situation. As with a physician, the time for you to go into the doctor role comes well after trust has been built with the client.⁶

The process consultant — here you must pay close attention to the communication process. The goal is to remove your client and your own mutual ignorance of the situation. As Schein points out, the helper may remain in this role throughout the entire interaction.⁷ Staying in this role allows you to avoid the above traps and continually refresh your knowledge of the situation as emerging issues surface during the course of the engagement. You also can reinforce your client's need to remain proactive toward the safety matter. This

way your client owns the problem and the solution because he or she understands the context of the problem and the tolerance the organization has for the solution.

Principles and tips

Schein offers a set of principles and accompanying tips that I believe define the essence of your process consulting role.⁸

Both giver and receiver must be ready. What are your true intentions before offering, giving, or receiving help? If your intentions are other than helping, you will likely fall into one of the above traps.

Don't be offended if your efforts to help are not received well. Ask yourself, did you fall prey to one of the traps or was the client not ready to receive your help?

The helping relationship must be perceived as equitable. You must remember your client may be uncomfortable asking for help, so make sure you inquire enough to learn what kind of help your client actually needs. Don't over-help to satisfy your need to give help. And know when to stop giving help.

The helper is in the proper helping role. Never assume the form of help needed without checking first. Don't leap into the expert or doctor role. Start in the process-consulting role and recognize you may never leave this role. Periodically, ask your client for feedback to guard against over-help or inappropriate help and adjust accordingly.

Everything you say or do is an intervention that determines the future of the relationship. Evaluate everything you say or do in the context of the effect it may have on your helper/client relationship. Remember, both your actions and inactions send signals to the client.

Start with pure inquiry. Even though you may have heard the same request for safety help a hundred times, always try to perceive each request as brand new. Access your ignorance by asking what is it you do not know about this situation.

The client owns the safety problem. Don't get caught up in the content of your client's story until you have built a relationship. No matter how familiar you are with the safety problem, be mindful the problem is the client's, not yours. In giving advice, always provide at least two alternatives to force your client to make a choice.

You never have all the answers. It is OK to not have all the answers. Avoid trying to invent solutions; it will only get you into trouble. When you get stuck, tell your client you're stuck and turn to your process-consulting role and explore possible options to move forward.

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References

- 1 Schein, E.H. 2011. Helping – How to Offer, Give and, Receive Help – Understanding Effective Dynamics in One-to-One, Group, and Organizational Relationships. Berrett-Koehler Publishers, Inc. San Francisco, CA.
- 2 Ibid. pp. 35.
- 3 Ibid. pp. 36-46.
- 4 Ibid. pp. 54-64.
- 5 Ibid. pp. 57.
- 6 Ibid. pp. 58.
- 7 Ibid. pp. 62.
- 8 Ibid. pp. 147-157.